□Yes

Salary or wages

Amount_

NEUNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

			IN FORMA PAUPERIS APPLICATION			
0	, .	,		FINANC	AND IAL AFFIDAVIT	
ريح		ak Kah				
	Plain	tiff				
	v.			00010	000	
_				08CV2		
<u> </u>	Defendant(s)			JUDGE COAR MAGISTRATE JUDGE COL		
4.4						
7-1	4-g-	- Nudalana		- — — —		
iere:	ver 🗆 is	included, please place an X into wh	ichever box ap	plies. Wherev	er the answer to any question requires	
re u	yorman	on than the space that is provided, at	tach one or moi	re pages that r	efer to each such question number and	
UVICIE	i ine adi	litional information. Please PRINT	dealare *	hat I am the	—————————————————————————————————————	
ther	<u> </u>) in the above-entitle	<u>, பண</u> ை ம d case. This a	ffidavit cons	titutes my application of to proceed	
thou	it full p	repayment of fees, or Sin suppo	rt of my motic	on for appoin	tment of counsel, or S both. I also	
clare	e that I	am unable to pay the costs of the	ese proceeding	gs, and that I	am entitled to the relief squart in	
e co	mplaini	/petition/motion/appeal. In supp	ort of this pe	etition/applic	ation/motion/appeal, I answer the	
llow	ing que	estions under penalty of perjury:	•			
	Δ ra 3	ou currently incarcerated?	m37	Arra v	ATCOM M	
		Nan		r iait	(If "No," go to Question 2)	
	Do yo	ou receive any payment from the	institution? I	Jan ⊒Yes ⊟No	Monthly amount:	
					window.	
		ou currently employed?	TSK es	□No		
		hly salary or wages: and address of employer:	<u>000/~</u>	ant.		
		and address of employer:	77 3	v. I n	ahran Blus.	
	a .	If the answer is "No":			chrang of the	
		Date of last employment:		• 0		
		Monthly salary or wages:	1	<u>. </u>		
		Name and address of last emp	loyer:			
			□Yes	~\JNo	110	
	ъ.	Are you married?				
	ъ.	Are you married? Spouse's monthly salary or wa		~		
	ъ.	Are you married? Spouse's monthly salary or wanted and address of employer	ages:			
	b.	Spouse's monthly salary or wa	ages:	<u></u>		
	Apart	Spouse's monthly salary or was Name and address of employer from your income stated above in	ages:	Question 2, i	n the past twelve months have you	
,	Apart or an	Spouse's monthly salary or wan Name and address of employer from your income stated above it you else living at the same resi	ages: : n response to dence receive	ed more than	n the past twelve months have you 1 \$200 from any of the following boxes that apply in each category.	

____Received by_

b.	Business, □ profession or □ other self-employmentReceived by	□Yes	ZNº				
c. DF Amount	Rent payments, □ interest or □ dividends Received by	□Yes					
d. 🔲 I	Pensions, □ social security, □ annuities, □ life insurance appensation, □ unemployment, □ welfare, □ alimony or ma	e, 🗆 disabilit	y, □ worke I child supp				
Amount	Received by	□Yes					
	Fifts or ☐ inheritancesReceived by	□Yes	246				
f. □A Amount_	ny other sources (state source:)Received by	□Yes					
Savings acc	anyone else living at the same residence have more than counts? DYes Relationship to you:	amount:	_				
Property:	anyone else living at the same residence own any stock struments? Current Value: Relationship to you:	□Yes	386 0				
Do you or condominic	anyone else living at the same residence own any real	estate (house					
Type of pro	property:Current value:	**-					
Amount of:	ame neig: Relationship to you: Relationship to you: Relationship to you:						
Name of person making payments: Do you or anyone else living at the same residence own any automobiles, boats, trailers, mob homes or other items of personal property with a current market value of more than \$1000?							
Property:		□Yes))) (A)				
Current val	ue:						
In whose na			<u>.</u>				
maicăte no	sons who are dependent on you for support, state your relative much you contribute monthly to their support. If none, or the support of the s	ationship to ea	ch person ar Vo dependen				

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 4/24/08

Signature of Applicant

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE (Incarcerated applicants only) (To be completed by the institution of incarceration)

I certify that the applicant na	ned herein,	, I.D.#_	, has the sum of
		at (name of institution)	
I further certify that the appli	icant has the follow	wing securities to his/her credit:	. I further
certify that during the past s	ix months the app	licant's average monthly deposit was \$_	<u>-</u>
(Add all deposits from all so	urces and then <u>div</u>	ride by number of months).	
DATE		SIGNATURE OF AUTHORIZED (OFFICER
		(Print name)	

rev. 10/10/2007